

## Electronic Patent Application Fee Transmittal

<b>Application Number:</b>	09457201			
<b>Filing Date:</b>	06-Dec-1999			
<b>Title of Invention:</b>	SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT			
<b>First Named Inventor/Applicant Name:</b>	TERRY S. DAVISON			
<b>Filer:</b>	Matthew Arik Scheele/Angela Loding			
<b>Attorney Docket Number:</b>	CB-07-1			
Filed as Large Entity				
<b>Utility under 35 USC 111(a) Filing Fees</b>				
<b>Description</b>	<b>Fee Code</b>	<b>Quantity</b>	<b>Amount</b>	<b>Sub-Total in USD(\$)</b>
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
<b>Petition:</b>	Adjustment date: 02/04/2009 MGERREN1 01/14/2009 INTEFSW 00005599 500359 09457201 01 FC:1001 610.00 CR			
<b>Patent-Appeals-and-Interference:</b>				
<b>Post-Allowance-and-Post-Issuance:</b>	Adjustment Date: 02/04/2009 MGERREN1 01/14/2009 INTEFSW 00005599 500359 09457201 01 FC:1001 610.00 CR			
<b>Extension-of-Time:</b>				

I hereby certify that this Request for Refund is being transmitted via Facsimile (571-273-6500) to the U.S. Patent and Trademark Office on the date shown below:

On 1-30-09  
By Angela Darling  
Angela Darling

**PATENT**  
Attorney Docket No.: CB-07-1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Terry S. Davison et al.

Examiner: Mendez, Manuel A.

Application No.: 09/457,201

Art Unit: 3763

Filed: December 6, 1999

Confirmation No.: 7410

For: **SYSTEMS AND METHODS FOR  
ELECTROSURGICAL TISSUE TREATMENT**

**REQUEST FOR REFUND**

VIA FACSIMILE 571-273-6500

Mail Stop 16  
Director of the U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request a refund of \$810 in regards to the above-identified patent application for Deposit Account No. 50-0359 of ArthroCare Corporation. Applicants filed a Response to a Non-Final Office Action on January 14, 2009, and erroneously paid \$810 for a Request for Continued Examination (RCE). However, an RCE was not proper since this application had not received a Final Office Action and the response that was filed on January 14, 2009, was a Response to the Non-Final Office Action mailed October 20, 2008.

Applicants believe no fee is due with this submission; however the Director is hereby authorized to charge any fees necessary or credit any overpayments to Deposit Account No. 50-0359 of ArthroCare Corporation in order to effectuate this filing.

If there are any matters concerning this Application that may be cleared up in a telephone conversation, please contact Applicants' attorney at 512.358.5925.

Respectfully submitted  
Attorney for Applicants,

Matthew Scheele  
Matthew Scheele  
Reg. No. 59,847

Date: 1/30/09

**SEND CORRESPONDENCE TO:**  
ARTHROCARE CORPORATION  
CUSTOMER NO. 21394  
512.358.5925  
512.391.3901 (fax)

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Miscellaneous:</b>				
Request for continued examination	1801	1	810	810
Statutory disclaimer	1814	1	140	140
<b>Total in USD (\$)</b>				<b>950</b>